

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

11

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		14344.34
(b) Cash on Hand at Beginning of Reporting Period .....	27612.45	
(c) Total Receipts (from Line 19) .....	127556.25	495954.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	155168.70	510299.01
7. Total Disbursements (from Line 31) .....	130053.08	485183.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25115.62	25115.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	35732.73	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	110625.00	365385.00
(i) Itemized (use Schedule A) .....	11315.00	113003.50
(ii) Unitemized .....	121940.00	478388.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5150.00	15565.00
(c) Other Political Committees (such as PACs) .....	127090.00	493953.50
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	466.25	2001.17
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	127556.25	495954.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	127556.25	495954.67

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	45932.88	45932.88
(ii) Non-Federal Share.....	10082.83	10082.83
(b) Other Federal Operating Expenditures.....	61046.26	340963.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	117061.97	396979.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	12991.11	73204.33
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	12991.11	73204.33
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	130053.08	485183.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119970.25	475100.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	127090.00	493953.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	127090.00	493953.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	106979.14	386896.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	466.25	2001.17
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	106512.89	384895.06

Form/Schedule : **F3XA**

Transaction ID :

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Ahlstrom

Mailing Address 34 Washington St

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170153

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Bruce Assad

Mailing Address 16a Bedford St  
PO Box 1268

City

Fall River

State

MA

Zip Code

02722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170041

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Karen Bacardi

Mailing Address 137 Highland St

City

Milton

State

MA

Zip Code

02186-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Shareholder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 80613.C169816

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Karen Bacardi

Mailing Address 137 Highland St

City

Milton

State

MA

Zip Code

02186-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Shareholder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170047

Amount of Each Receipt this Period

4000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Charles Baker

Mailing Address 64 Caldwell Farm Rd.

City

Byfield

State

MA

Zip Code

01922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80613.C169830

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Keith Barnett

Mailing Address 38 Fox Hill St.

City

Westwood

State

MA

Zip Code

02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170044

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Fred Barrows

Mailing Address 370 Pratt St.

City

Mansfield

State

MA

Zip Code

02048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barrows Insurance

Occupation  
Ins. Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169940

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Daniel Bathon

Mailing Address 23 Slocum Road

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windspeed Ventures

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170004

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Kimberly Benjaminsen

Mailing Address 804 Thayer Street

City

Abington

State

MA

Zip Code

02351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlantic Trust Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170073

Amount of Each Receipt this Period

750.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

George Bennett

Mailing Address 712 Main St.

City

Hingham

State

MA

Zip Code

02043-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170151

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Bernard

Mailing Address 21 Ames Ave

City

Chicopee

State

MA

Zip Code

01013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pilgrim Interiors Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80714.C169834

Amount of Each Receipt this Period

300.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Berrena

Mailing Address 307 Linden St.

City

Holyoke

State

MA

Zip Code

01040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FutureWorks, Inc.Occupation  
Job Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169935

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Harvey Bines

Mailing Address 36 Clarke St

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan & Worcester

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80613.C169789

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ann Blackham

Mailing Address 60 Swan Road

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 80613.C169821

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Christian Blanc

Mailing Address 454 Windsor St., No. 1

City

Cambridge

State

MA

Zip Code

02141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Computer-Aided Products,  
Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169891

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Booth

Mailing Address 7 Paul Revere Rd.

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
At home

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169942

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Boynton

Mailing Address 178 Madison Ave.

City

Holyoke

State

MA

Zip Code

01040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169850

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Dianne Brennan

Mailing Address 9 Hamilton Terrace

City

Georgetown

State

MA

Zip Code

01833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fitness Factory

Occupation  
Fitness Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170029

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Bernard Brown

Mailing Address 86 Hunter Avenue

City

Hudson

State

MA

Zip Code

01749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raytheon

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170034

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Roberta Brundrett

Mailing Address 112 Sherman Ave.  
DO NOT MAIL

City

Chicopee

State

MA

Zip Code

01013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brundrett & Moutinho Law  
Firm

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169930

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Louise Callahan

Mailing Address 7 Indiana Ave.

City

Reading

State

MA

Zip Code

01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Child Care Provider

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169925

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Carnes

Mailing Address 251 Cox Street

City

Hudson

State

MA

Zip Code

01749-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raytheon

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169887

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Dael Chapman

Mailing Address 71 Pondview Dr.

City

Amherst

State

MA

Zip Code

01002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169922

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Chapman

Mailing Address 12 Monmouth Ct.

City

Brookline

State

MA

Zip Code

02446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80714.C169918

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Trent Christensen

Mailing Address 9 Irving St. #1

City

Medford

State

MA

Zip Code

02155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170060

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mark Cohen

Mailing Address 125 Chestnut Street

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Office Paper Recovery Sys.  
Inc

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170148

Amount of Each Receipt this Period

2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Connaughton

Mailing Address 170 Otis St.

City

Newton

State

MA

Zip Code

02465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bain Capital

Occupation  
Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 80714.C169882

Amount of Each Receipt this Period

10000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Darrell Crate

Mailing Address 820 Hale Street

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated Managers Group

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80613.C169824

Amount of Each Receipt this Period

7500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Cruz

Mailing Address 123 North Elm St.

City

West Bridgewater

State

MA

Zip Code

02379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consolidated Plumbing

Occupation  
Plumber

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169838

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Renato Damico

Mailing Address 154 St. Andrew Rd

City

Boston

State

MA

Zip Code

02128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169855

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Tanya DeGenova

Mailing Address 13 Taft St.

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TSD Security Consulting

Occupation

Security Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169928

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Paul DeLacey

Mailing Address 312 The Trail

City

Sturbridge

State

MA

Zip Code

01518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rolling Breeze, LLC.

Occupation

Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169852

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mario DiCarlo

Mailing Address 56 Beecher Place

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Contractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169927

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Mario DiCarlo

Mailing Address 56 Beecher Place

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170013

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Benjamin Dickmann

Mailing Address 1278 Main St.

City

Agawam

State

MA

Zip Code

01001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westover Maintenance

Occupation  
Floor Care Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169904

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jody Dow

Mailing Address 71 Leicester Street

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Elias Dow

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169926

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathaniel Dublin

Mailing Address 65 Highland Ave.

City

Newton

State

MA

Zip Code

02460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leeder Management

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C169951

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Peter Dulchinos

Mailing Address 17 Spaulding Rd.

City

Chelmsford

State

MA

Zip Code

01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80613.C169825

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

William Dunham

Mailing Address 36 Harriet Ave.

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170010

Amount of Each Receipt this Period

150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Wolfgang Falcone

Mailing Address 80 Hancock Ave.

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170014

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Ferreira

Mailing Address 95 Cameron Way

City

Rehoboth

State

MA

Zip Code

02769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RobertsonOccupation  
VP Product Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170079

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John Ferreira

Mailing Address 95 Cameron Way

City

Rehoboth

State

MA

Zip Code

02769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RobertsonOccupation  
VP Product Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170130

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Fireman

Mailing Address 150 Woodland Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reebok

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C170099

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Danielle Fish

Mailing Address 18 Cooper Road

City

Mansfield

State

MA

Zip Code

02048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169938

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jay Forrester

Mailing Address 80 Deaconess Road  
Suite 442

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169853

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Pedro Garcia

Mailing Address 28 Steeplechase Ct.

City

Haverhill

State

MA

Zip Code

01832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169858

Amount of Each Receipt this Period

600.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Garon

Mailing Address P.O. Box 24  
DO NOT MAIL

City

Southbridge

State

MA

Zip Code

01550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C169950

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Madeleine Gelsinon

Mailing Address PO Box 162  
520 Concord Road

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norumbega Point

Occupation

Fitness Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169924

Amount of Each Receipt this Period

600.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin Giblin

Mailing Address 7 Deerfoot Road

City

Southborough

State

MA

Zip Code

01772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brendon Properties

Occupation

Property Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169849

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Charles Goodhue

Mailing Address 34 Chipper Hill Road

City

Northbridge

State

MA

Zip Code

01534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Home Restoration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: 80613.C169805

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Gosselin

Mailing Address 1160 Robeson Street

City

Fall River

State

MA

Zip Code

02720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C169998

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas J. Gosselin

Mailing Address 874 Robeson Street

City

Fall River

State

MA

Zip Code

02720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C169996

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Guravage

Mailing Address 47 Smith Rd

City

Mansfield

State

MA

Zip Code

02048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MediaTek Wireless

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169939

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Daniel Haley

Mailing Address 11 Willow Gate Rise

City

Holliston

State

MA

Zip Code

01746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McDermott Will & Emery

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169931

Amount of Each Receipt this Period

450.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Hamilton

Mailing Address 15 Oakridge Dr.

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth of Massachuse-  
tts

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169923

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

James Hardigg

Mailing Address 36 Baptist Hill Rd.  
P.O. Box 709

City

Conway

State

MA

Zip Code

01341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hardigg Industries, Inc.

Occupation  
Exec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 80613.C169823

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Amory Houghton, Jr.

Mailing Address 80 East Market Street  
Suite 300

City

Corning

State

NY

Zip Code

14830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170055

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

DePrisco Jewelers

Mailing Address 333 Washington Street

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170154

Amount of Each Receipt this Period

700.00

In-Kind

Clock for Lincoln Reagan  
Dinner

**B.**

Full Name (Last, First, Middle Initial)

Linda Jewell

Mailing Address 11 Dover Circle

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169901

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Linda Jewell

Mailing Address 11 Dover Circle

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169903

Amount of Each Receipt this Period

600.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Darcie L. Johnston

Mailing Address 97 State Street

City

Montpelier

State

VT

Zip Code

05602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnston Consulting

Occupation  
fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170035

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Kangas

Mailing Address 959 Hill Rd

City

Boxborough

State

MA

Zip Code

01719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arnold & Kangas, P.C.

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 8

Transaction ID: 80613.C169803

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ronald Kaufman

Mailing Address 401 Sixth Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Dutko Group

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170003

Amount of Each Receipt this Period

1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

James Keeney

Mailing Address 449 Shawmut Ave, Apt. 1

City

Boston

State

MA

Zip Code

02118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80714.C169917

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

James Knott

Mailing Address 456 Hill Street

City

Whitinsville

State

MA

Zip Code

01588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverdale Mills Corporati-  
on

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169899

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Paul Lawton

Mailing Address 157 Belmont Street

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170020

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Lawton

Mailing Address 10 Alderwood Dr.

City

Easton

State

MA

Zip Code

02334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170028

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Glen Lefkowitz

Mailing Address 112 Greenwood Ave

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glynn Met

Occupation  
MGT Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170083

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Julianne Lindsay

Mailing Address 81 Channing Rd

City

Watertown

State

MA

Zip Code

02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Bank

Occupation  
banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169839

Amount of Each Receipt this Period

150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Caleb Loring

Mailing Address P.O. Box 235

City

Prides Crossing

State

MA

Zip Code

01965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C170103

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Salvatore Luciano

Mailing Address 8 Rodney Rd

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169841

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Pasqualina Lyons

Mailing Address PO Box 73

City

West Brookfield

State

MA

Zip Code

01585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170152

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth MacAfee

Mailing Address 51 Canterbury Lane

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170022

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Marsh

Mailing Address 308 West St.

City

Vienna

State

VA

Zip Code

22180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The OB C Group

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170032

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Sandra Martinez

Mailing Address 1 Carter Dr

City

Chelmsford

State

MA

Zip Code

01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80613.C169828

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Sandra Martinez

Mailing Address 1 Carter Dr

City

Chelmsford

State

MA

Zip Code

01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170030

Amount of Each Receipt this Period

150.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Holt Massey

Mailing Address 85 Merrimac Street

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massey & Co., LLC

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 80714.C169883

Amount of Each Receipt this Period

10000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Paul McAleer

Mailing Address 45 Essex Rd.

City

Norwood

State

MA

Zip Code

02062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170016

Amount of Each Receipt this Period

1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Georjann and Ashley McGaha

Mailing Address 19 Landmark Rd

City

Westford

State

MA

Zip Code

01886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169836

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Christopher McGowan

Mailing Address 22 King Arthur Way

City

Mansfield

State

MA

Zip Code

02048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169929

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Edward McGrath

Mailing Address 56 Lanewood Ave.

City

Framingham

State

MA

Zip Code

01701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Burns & Farrey

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170019

Amount of Each Receipt this Period

150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur McGuire

Mailing Address Box 461

City

East Longmeadow

State

MA

Zip Code

01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169895

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

William McKinney

Mailing Address 29 Pond Farm Rd.

City

Dedham

State

MA

Zip Code

02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth of Mass.

Occupation  
CFO- Mass Agriculture Dept.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C169947

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Katharine Merck

Mailing Address 1010 Waltham St., F-19

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80613.C169795

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Meyers

Mailing Address 398 Mountain Road

City

Jaffrey

State

NH

Zip Code

03452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scm Associates

Occupation

Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170045

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Randy Miller

Mailing Address 22 Cook Rd.

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169937

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Theresa Mitchell

Mailing Address 19 Griswold St.

City

Revere

State

MA

Zip Code

02151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stoneridge INC.

Occupation

ERP Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C169949

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald Morse

Mailing Address 19 Elmwood St

City

Wareham

State

MA

Zip Code

02571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169854

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Timothy Murphy

Mailing Address 7 Carriage Hill Lane

City

Hudson

State

MA

Zip Code

01749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RSA Security

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169857

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City

Boston

State

MA

Zip Code

02129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mass. Republican Party

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170026

Amount of Each Receipt this Period

600.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Phyllis W. Nicholas

Mailing Address 40 Howard Road

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170056

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mark Nielsen

Mailing Address 870 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raytheon Co.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170038

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Michael Nystrom

Mailing Address 93A Fairmont St.

City

Arlington

State

MA

Zip Code

02474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169890

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

John ORourke

Mailing Address 955 Massachusetts Ave #225

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C170106

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Wesley Oakford

Mailing Address 4 Indian Spring Trail

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80714.C169919

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

NRA PAC

Mailing Address 11250 Waples Mill Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAC

Occupation  
FEC ID: C00053553

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170149

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Nels Palm

Mailing Address 42 Derby Lane

City

Tyngsboro

State

MA

Zip Code

01879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Transaction ID: 80613.C169826

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Pearson

Mailing Address 99 Belmont Ave

City

Lowell

State

MA

Zip Code

01852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pearson & Pearson/ Butler  
Bank

Occupation

Attorney/ Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Transaction ID: 80613.C169827

Amount of Each Receipt this Period

4000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Karyn Polito

Mailing Address 587C Hartford Pike

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth of Massachus-  
etts

Occupation

State Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: 80714.C169932

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Garrett Quinn

Mailing Address 43 Rogers Street  
Apt. 2City State Zip Code  
Boston MA 02127FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trident Environmental Gro-  
up, LOccupation  
Health & Safety Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C170101

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Reed

Mailing Address 10 Tekoa Terrace

City State Zip Code  
Westfield MA 01085-1614FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mestek, Inc.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170017

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Steven Roche

Mailing Address 4 Leblanc Dr

City State Zip Code  
Danvers MA 01923FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
SCR Associates

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169936

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

6300.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward Rombach

Mailing Address 16 Heritage Way

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C169933

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

E. Joseph Simmons

Mailing Address c/o Joe Wong  
205 Greendale Avenue

City

Needham

State

MA

Zip Code

02494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Compliance Technologies  
Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170007

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Speller

Mailing Address 60 Wellesley Rd.

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169898

Amount of Each Receipt this Period

150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald Stacey

Mailing Address 205 Hale St

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169851

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Gilbert Steward

Mailing Address 137 Larch Row

City

Wenham

State

MA

Zip Code

01984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80613.C169797

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Richard Stratton

Mailing Address 166 Ide Road

City

Williamstown

State

MA

Zip Code

01267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DFC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C169946

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Danielle A. Strauss

Mailing Address 15 Duke Street

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170048

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

David Sukoff

Mailing Address 41 Dunelm Rd

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bedford Public Schools

Occupation

Coach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80714.C169835

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Mimi Sundstrom

Mailing Address 66 Allerton Rd.

City

Milton

State

MA

Zip Code

02186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Student

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169902

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara A. Syer

Mailing Address P.O. Box 608  
Great Barrington

City State Zip Code  
Great Barrington MA 01230-0608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169884

Amount of Each Receipt this Period

75.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Everett Walsh

Mailing Address 14 Wood Avenue

City State Zip Code  
South Hadley MA 01075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Everett Associates, Inc.

Occupation  
Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C170146

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Henry Weaver

Mailing Address 37 Baskin Rd.

City State Zip Code  
Lexington MA 02421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80613.C169829

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

William Weld

Mailing Address 121 E 61st St  
Apt. 4C

City State Zip Code  
New York NY 10165

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Leeds Weld & Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80714.C169831

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ronald N. Whitney

Mailing Address 549 Bedford Street, Suite 1

City State Zip Code  
Whitman MA 02382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170027

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Joseph Wong

Mailing Address 205 Greendale Avenue

City State Zip Code  
Needham MA 02492

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170009

Amount of Each Receipt this Period

150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Brad Wyatt

Mailing Address 38 Glazier St

City

Boylston

State

MA

Zip Code

01505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NED Corporation

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C169837

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Richard Young

Mailing Address 22 Point Road

City

Marion

State

MA

Zip Code

02738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Welch & Forbes

Occupation

Investment Adviser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169900

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

110625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 80

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathan Bech For Congress

Mailing Address 86 Elm St.

City

West Springfield

State

MA

Zip Code

01089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEC # C00449397

Occupation

Candidate Committee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170036

Amount of Each Receipt this Period

150.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

The Bank of NY - Mellon Corporation PAC

Mailing Address Joanie Jaxtimer  
Mellon Financial Center

City

Boston

State

MA

Zip Code

02108-4408

FEC ID number of contributing  
federal political committee.

C

C00017558

Name of Employer  
PAC

Occupation

FEC ID: C00017558

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 80714.C169897

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

5150.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 80

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City

Quincy

State

MA

Zip Code

02169-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

466.25

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C170090

Amount of Each Receipt this Period

466.25

Offsets to Operating Expe-  
nditu

SUBTOTAL of Receipts This Page (optional) .....

466.25

TOTAL This Period (last page this line number only) .....

466.25



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Direct Mail and Telemarketing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80714.E10481

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

450.00

**DIRECT MAIL AND TELEMARKE-  
TING**

**B.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Direct Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80715.E10550

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

3186.50

**DIRECT MAIL**

**C.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80714.E10494

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

3000.00

**PAYMENT OF DEBT FOR DIRECT  
MAIL - PARTY RELATED NON  
FEA**

**SUBTOTAL** of Disbursements This Page (optional) .....

6636.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90513.E11257

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

300.00

PAYMENT OF DEBT FOR DIRECT  
MAIL - PARTY RELATED NON  
FEA

**B.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90513.E11258

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

939.17

PAYMENT OF DEBT FOR DIRECT  
MAIL - PARTY RELATED NON  
FEA

**C.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10515

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

6351.63

PAYMENT OF DEBT FOR DIRECT  
MAIL - PARTY RELATED NON  
FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

7590.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Scr & Associates, LLC

Mailing Address 4 Leblanc Dr

City  
Danvers

State  
MA

Zip Code  
01923-

Purpose of Disbursement  
Fundraising Consultant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10451

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

5000.00

FUNDRAISING CONSULTANT FEE

B.

Full Name (Last, First, Middle Initial)

Scr & Associates, LLC

Mailing Address 4 Leblanc Dr

City  
Danvers

State  
MA

Zip Code  
01923-

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10511

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

5000.00

FUNDRAISING CONSULTANT

C.

Full Name (Last, First, Middle Initial)

Accountemps

Mailing Address 12400 Collections Center Drive

City  
Chicago

State  
IL

Zip Code  
60693-

Purpose of Disbursement  
Accounting Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10459

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

313.52

ACCOUNTING FEE

SUBTOTAL of Disbursements This Page (optional) .....

10313.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Accountemps	<b>Transaction ID:</b> 80714.E10485 <b>Date of Disbursement</b>																				
Mailing Address 12400 Collections Center Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Chicago State IL Zip Code 60693-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Fee Candidate Name	<table border="1"> <tr> <td colspan="10">313.52</td> </tr> </table>	313.52																			
313.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>ACCOUNTING FEE</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Aristotle Publishing	<b>Transaction ID:</b> 80714.E10509 <b>Date of Disbursement</b>																				
Mailing Address 50 E Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Computer Software Candidate Name	<table border="1"> <tr> <td colspan="10">3250.00</td> </tr> </table>	3250.00																			
3250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>COMPUTER SOFTWARE</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> 80714.E10486 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2971	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Omaha State NE Zip Code 68103-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cell Phone Candidate Name	<table border="1"> <tr> <td colspan="10">145.90</td> </tr> </table>	145.90																			
145.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>CELL PHONE</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3709.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center  
401 Park Drive

City Boston State MA Zip Code 02215-

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10487

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

3163.44

HEALTH INSURANCE

**B.** Full Name (Last, First, Middle Initial)  
Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City Boston State MA Zip Code 02127-

Purpose of Disbursement  
Storage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10514

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

678.00

STORAGE

**C.** Full Name (Last, First, Middle Initial)  
DirecTV DirecTV

Mailing Address PO Box 60036

City Los Angeles State CA Zip Code 90060-0036

Purpose of Disbursement  
Cable Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10491

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

96.95

CABLE SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

3938.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10457

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

473.85

EXPRESS MAIL

B.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10495

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

127.46

EXPRESS MAIL

C.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10513

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

122.27

EXPRESS MAIL

SUBTOTAL of Disbursements This Page (optional) .....

723.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office  
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10421

Date of Disbursement

06 / 01 / 2008

Amount of Each Disbursement this Period

467.81

INSURANCE

**B.**

Full Name (Last, First, Middle Initial)

DePrisco Jewelers

Mailing Address 333 Washington Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
Clock for Lincoln Reagan Dinner

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.C170154IK

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

700.00

IN KIND: CLOCK FOR LINCOLN  
REAGAN DINNER

**C.**

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10478

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

91.70

REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

1259.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City  
Quincy

State  
MA

Zip Code  
02170-

Purpose of Disbursement  
Reimbursement for parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80714.E10508

Date of Disbursement

/   /

Amount of Each Disbursement this Period

63.00

REIMBURSEMENT FOR PARKING

**B.**

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City  
Lynn

State  
MA

Zip Code  
01902-

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80714.E10498

Date of Disbursement

/   /

Amount of Each Disbursement this Period

700.00

ACCOUNTING SERVICES

**C.**

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City  
Lynn

State  
MA

Zip Code  
01902-

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80714.E10490

Date of Disbursement

/   /

Amount of Each Disbursement this Period

700.00

ACCOUNTING SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

1463.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80613.E10464

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.32

REIMBURSEMENT

**B.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Reimbursement for Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80714.E10479

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.00

REIMBURSEMENT FOR PARKING

**C.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80714.E10504

Date of Disbursement

/   /

Amount of Each Disbursement this Period

158.89

REIMBURSEMENT FOR TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

250.21

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)  
Hudson Lodge of Elks

Mailing Address     P.O. Box 306

City  
Hudson

State  
MA

Zip Code  
01749-

Purpose of Disbursement  
July BBQ Deposit

Candidate Name

Office Sought:  
☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 80613.E10469

Date of Disbursement  
MM / DD / YYYY  
06 / 02 / 2008

Amount of Each Disbursement this Period  
200.00

JULY BBQ DEPOSIT

B.

Full Name (Last, First, Middle Initial)  
Marys Catering, Inc.

Mailing Address     8 Howe street

City  
Hudson

State  
MA

Zip Code  
01749-

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  
☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 80714.E10484

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2008

Amount of Each Disbursement this Period  
200.00

CATERING

C.

Full Name (Last, First, Middle Initial)  
Merchants Bankcard

Mailing Address     Fleet Bank  
                                100 Federal Street

City  
Boston

State  
MA

Zip Code  
02110-

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  
☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 80714.E10538

Date of Disbursement  
MM / DD / YYYY  
06 / 02 / 2008

Amount of Each Disbursement this Period  
25.00

CREDIT CARD FEE

**425.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10537

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

203.55

CREDIT CARD FEE

**B.**

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement  
Copier

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10480

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

887.93

COPIER

**C.**

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10456

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

4064.50

RENT

**SUBTOTAL** of Disbursements This Page (optional) .....

5155.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ox-Eye Properties	<b>Transaction ID:</b> 80613.E10455 <b>Date of Disbursement</b>																				
Mailing Address c/o Massey & Co. 85 Merrimac Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	8												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Utilities	<table border="1"> <tr> <td>3</td><td>8</td><td>1</td><td>.</td><td>0</td><td>1</td> </tr> </table>	3	8	1	.	0	1														
3	8	1	.	0	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ UTILITIES																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ox-Eye Properties	<b>Transaction ID:</b> 80714.E10512 <b>Date of Disbursement</b>																				
Mailing Address c/o Massey & Co. 85 Merrimac Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent and Utilities	<table border="1"> <tr> <td>4</td><td>5</td><td>5</td><td>.</td><td>4</td><td>8</td><td>7</td> </tr> </table>	4	5	5	.	4	8	7													
4	5	5	.	4	8	7															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ RENT AND UTILITIES																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 80714.E10477 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Fee	<table border="1"> <tr> <td>1</td><td>3</td><td>9</td><td>.</td><td>7</td><td>8</td> </tr> </table>	1	3	9	.	7	8														
1	3	9	.	7	8																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL FEE																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5075.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 80714.E10503 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">2736.30</td> </tr> </table>	2736.30																			
2736.30																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>PAYROLL TAX</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 80715.E10548 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	0	8												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 401k Fee	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>401K FEE</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 80714.E10521 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">3644.13</td> </tr> </table>	3644.13																			
3644.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>PAYROLL TAX</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**6540.43**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Poland Spring Poland Spring

Mailing Address Processing Center  
PO Box 52271

City Phoenix State AZ Zip Code 85072-

Purpose of Disbursement

Bottled Water

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10453

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

31.66

BOTTLED WATER

B.

Full Name (Last, First, Middle Initial)

Poland Spring Poland Spring

Mailing Address Processing Center  
PO Box 52271

City Phoenix State AZ Zip Code 85072-

Purpose of Disbursement

Bottled Water

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10492

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

65.91

BOTTLED WATER

C.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION  
New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10506

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

820.00

POSTAGE

SUBTOTAL of Disbursements This Page (optional) .....

917.57

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION  
New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement

Bulk Mailing Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10507

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

BULK MAILING POSTAGE

**B.**

Full Name (Last, First, Middle Initial)

Jodys Quik Print

Mailing Address P.O. Box 1068

City Middleton State MA Zip Code 01949-

Purpose of Disbursement

Red Invitation FundRaising Envelopes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10454

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1422.75

RED INVITATION FUNDRAISING  
ENVELOPES

**C.**

Full Name (Last, First, Middle Initial)

Jodys Quik Print

Mailing Address P.O. Box 1068

City Middleton State MA Zip Code 01949-

Purpose of Disbursement

Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10488

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

891.70

PRINTING

**SUBTOTAL** of Disbursements This Page (optional) .....

3314.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Staples, Inc.	<b>Transaction ID:</b> 80613.E10452 <b>Date of Disbursement</b>																				
Mailing Address Staples Credit Plan Dept. 80 - 0088936796	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	8												
City Des Moines State IA Zip Code 50368-9020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">85.25</td> </tr> </table>	85.25																			
85.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
OFFICE SUPPLIES																					
<b>B.</b> Full Name (Last, First, Middle Initial) Staples, Inc.	<b>Transaction ID:</b> 80714.E10510 <b>Date of Disbursement</b>																				
Mailing Address Staples Credit Plan Dept. 80 - 0088936796	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Des Moines State IA Zip Code 50368-9020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">265.56</td> </tr> </table>	265.56																			
265.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
OFFICE SUPPLIES																					
<b>C.</b> Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	<b>Transaction ID:</b> 80714.E10483 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Saint Louis State MO Zip Code 63179-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone Service Candidate Name	<table border="1"> <tr> <td colspan="10">158.43</td> </tr> </table>	158.43																			
158.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PHONE SERVICE																					

**SUBTOTAL** of Disbursements This Page (optional) .....

509.24

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
ChelmsfordState  
MAZip Code  
01863-Purpose of Disbursement  
Reimbursement - see below

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10546

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

560.00

REIMBURSEMENT - SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Postmaster- US Post Office

Mailing Address 25 Dorchester Avenue

City  
BostonState  
MAZip Code  
02205-Purpose of Disbursement  
P. Torkildsen reimbursement for postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

560.00

[MEMO ITEM]

MEMO: P. TORKILDSEN REIMB-  
URSEMENT FOR POSTAGE

C.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
ChelmsfordState  
MAZip Code  
01863-Purpose of Disbursement  
Reimbursement - see below

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10542

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Amount of Each Disbursement this Period

727.71

REIMBURSEMENT - SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

1287.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Hyatt Hotel

Mailing Address 1000 H Street NW

City  
Washington

State  
DC

Zip Code  
20001-

Purpose of Disbursement  
P. Torkildsen reimbursement for lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10543

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

727.71

**[MEMO ITEM]**

MEMO: P. TORKILDSEN REIMBURSEMENT FOR LODGING

B.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
Reimbursement - see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10544

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

439.68

REIMBURSEMENT - SEE BELOW

C.

Full Name (Last, First, Middle Initial)

House Of Representatives Gift Shop

Mailing Address Longworth Building

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
P. Torkildsen reimbursement for political memorabilia

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10545

Date of Disbursement

06 / 28 / 2008

Amount of Each Disbursement this Period

439.68

**[MEMO ITEM]**

MEMO: P. TORKILDSEN REIMBURSEMENT FOR POLITICAL MEMORABILIA

**SUBTOTAL** of Disbursements This Page (optional) .....

439.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E10482

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

508.00

PHONE

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for travel and parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80613.E10465

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

199.85

REIMBURSEMENT FOR TRAVEL  
AND PARKING

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for travel and parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80613.E10466

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

197.55

REIMBURSEMENT FOR TRAVEL  
AND PARKING

SUBTOTAL of Disbursements This Page (optional) .....

905.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for travel and parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80613.E10461

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

44.00

REIMBURSEMENT FOR TRAVEL  
AND PARKING

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for parking and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80613.E10467

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

194.15

REIMBURSEMENT FOR PARKING  
AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for travel and food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80715.E10551

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

165.53

REIMBURSEMENT FOR TRAVEL  
AND FOOD

SUBTOTAL of Disbursements This Page (optional) .....

403.68

TOTAL This Period (last page this line number only) .....

60859.73

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City Wakefield State MA Zip Code 01880-

Purpose of Disbursement  
Payroll - general administrative services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80613.E10450

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

PAYROLL - GENERAL ADMINI-  
STRATIVE SERVICES

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10499

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

1260.12

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10517

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

1260.12

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

3520.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10500

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

1088.57

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10518

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

1088.57

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80714.E10501

Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

1635.16

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

3812.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Torkildsen	<b>Transaction ID:</b> 80714.E10519 <b>Date of Disbursement</b>																				
Mailing Address 1 Stony Brook Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Chelmsford State MA Zip Code 01863- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>2797.53</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Willington	<b>Transaction ID:</b> 80714.E10502 <b>Date of Disbursement</b>																				
Mailing Address 12 Arlington Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Reading State MA Zip Code 01867- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>1430.52</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Willington	<b>Transaction ID:</b> 80714.E10520 <b>Date of Disbursement</b>																				
Mailing Address 12 Arlington Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Reading State MA Zip Code 01867- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>1430.52</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5658.57

**TOTAL** This Period (last page this line number only) .....

12991.11

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 72 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

9980.45

Transaction ID: LS90508.E11247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9980.45

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Payment of debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

300.00

Transaction ID: LS90513.E11257

Amount Incurred This Period

0.00

Payment This Period

300.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Payment of debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

939.17

Transaction ID: LS90513.E11258

Amount Incurred This Period

0.00

Payment This Period

939.17

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

9980.45

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 73 / 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3282.16

Transaction ID: LS90513.E11259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3282.16

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

880.53

Transaction ID: LS90513.E11260

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

880.53

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

219.34

Transaction ID: LS90513.E11261

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

219.34

1) **SUBTOTALS** This Period This Page (optional).....

4382.03

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 74 / 80

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11262

Amount Incurred This Period

5416.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

5416.25

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Payment of debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

9351.63

Transaction ID: LS80714.E10494

Amount Incurred This Period

0.00

Payment This Period

9351.63

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Lexis-Nexis

 Nature of Debt (Purpose):  
 Original debt for research  
 party related

Mailing Address PO Box 7247-7090

 City State ZIP Code  
 Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

5666.25

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 75 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Original debt for parking  
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

**1) SUBTOTALS** This Period This Page (optional).....

2140.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 76 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Garage Government CenterNature of Debt (Purpose):  
Original debt for parking  
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code  
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Supp-  
ort party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Supp-  
ort party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1636.00

Transaction ID: LS90513.E11294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

1) **SUBTOTALS** This Period This Page (optional).....

3928.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 77 / 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mindShift Technologies, Inc.Nature of Debt (Purpose):  
Original debt for IT Supp-  
ort party related non fea

Mailing Address PO Box 200105

City State ZIP Code  
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1636.00

Transaction ID: LS90513.E11292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Communication, Inc. MajorityNature of Debt (Purpose):  
Original Debt for FEA Get  
Out the Vote Mailing

Mailing Address 274 Marconi Blvd. Suite 260

City State ZIP Code  
Columbus OH 43215-

Outstanding Balance Beginning This Period

8000.00

Transaction ID: LS90508.E11226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

1) **SUBTOTALS** This Period This Page (optional).....

9636.00

2) **TOTALS** This Period (last page this line number only).....

35732.73

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

35732.73

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

PAGE 78 / 80

NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee****RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.  
**For PACs Only** : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

**ACTIVITY OR EVENT IDENTIFIER  
LINCOLN REAGAN DINNER**

ACTIVITY IS:

☒ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☒ Same as Previously Reported

FEDERAL %

**82.00** %

NONFEDERAL %

**18.00** %**Transaction ID:  
H2181212.J63**

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENT FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

PAGE 79 / 80

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A. Full Name (Last, First, Middle Initial)**

Cambridge Offset Printing

Mailing Address

56 Creighton Street

City State Zip Code

Cambridge MA 02140-

Purpose of Disbursement:  
PrintingCategory/  
TypeActivity or Event Identifier:  
LINCOLN REAGAN DINNER

## Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2729.22

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	8

Transaction ID: H480613.E10458

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2237.96

491.26

2729.22

**B. Full Name (Last, First, Middle Initial)**

Westin Copley Place

Mailing Address

10 Huntington Ave.

City State Zip Code

Boston MA 02116-

Purpose of Disbursement:  
Event CateringCategory/  
TypeActivity or Event Identifier:  
LINCOLN REAGAN DINNER

## Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

25588.72

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	8

Transaction ID: H480714.E10493

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

12300.00

2700.00

15000.00

**C. Full Name (Last, First, Middle Initial)**

Daniel Calvo

Mailing Address

45 Brentwood Road

City State Zip Code

Chelmsford MA 01824-

Purpose of Disbursement:  
Music for EventCategory/  
TypeActivity or Event Identifier:  
LINCOLN REAGAN DINNER

## Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3879.22

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	8

Transaction ID: H480714.E10497

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

943.00

207.00

1150.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15480.96

3398.26

18879.22

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 80 / 80  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A. Full Name (Last, First, Middle Initial)**  
Westin Copley Place

Mailing Address

10 Huntington Ave.

City	State	Zip Code
Boston	MA	02116-

Purpose of Disbursement:  
Event Catering

Category/  
Type

Activity or Event Identifier:  
LINCOLN REAGAN DINNER

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

56015.71

Date 

M	M
0	6

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H480714.E10505

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

24950.13

5476.86

30426.99

**B. Full Name (Last, First, Middle Initial)**  
Cambridge Offset Printing

Mailing Address

56 Creighton Street

City	State	Zip Code
Cambridge	MA	02140-

Purpose of Disbursement:  
Printing

Category/  
Type

Activity or Event Identifier:  
LINCOLN REAGAN DINNER

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

10588.72

Date 

M	M
0	6

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H480714.E10516

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5501.79

1207.71

6709.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

30451.92

6684.57

37136.49

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

45932.88

10082.83

56015.71